

OFFICE OF THE ATTORNEY GENERAL
DIVISION OF VICTIM SERVICES

122 West 25th Street
Herschler Bldg., First Floor West
Cheyenne, WY 82002
(307) 777-7200 FAX (307) 777-6683

LAW ENFORCEMENT CERTIFICATION

Victim Name: _____ Our Claim No.: _____
Date of Birth: _____ Your Case No.: _____
Date of Crime: _____ Alleged Offender: _____
Date Reported: _____ Responding _____
Officer: _____

The above applicant has provided us with an authorization to review any and all law enforcement information concerning him/her if it pertains to this crime. The following information which your agency provides will help us to determine this applicant's eligibility. Please complete this form based on law enforcement information.

This section to be completed by Certified Peace Officer

W.S. 1-40-104 (b) (i) - Division Powers and Duties

"The Division is empowered to request access to any reports of investigations, medical records or other data necessary to assist the Division to make a determination of eligibility for compensation. Upon authorization of the Attorney General, law enforcement officials, state agencies and local government units shall provide assistance or information requested by the division."

Location of crime: _____
address city state zip

Offense classification (aggravated assault, rape, robbery, etc.)

Cause of injury/death: _____ Has an arrest been made? ☐ yes ☐ no.

Have charges been issued? ☐ yes ☐ no. If yes, complete the following:

| Offender Name | Charge Issued/Date Issued | Prosecuting Attorney |
|---------------|---------------------------|----------------------|
|---------------|---------------------------|----------------------|

What court? ☐ City ☐ Circuit ☐ District ☐ Tribal ☐ Federal ☐ Unknown

If charges have not been filed, please explain. _____

What is the status of the case in your agency? _____

Do you know disposition of this case? If so, please indicate: _____

If case is considered inactive, in your professional judgment, do you believe a crime was committed?

☐ yes ☐ no ☐ not applicable

From your investigation of this crime:

1. Did the victim commit a crime which may have contributed or caused the victim's injury or death?

☐ yes ☐ no ☐ unknown. If yes explain. Any additional information you may have regarding the victim or offender, i.e. criminal history, would be extremely helpful

2. Did the victim's conduct contribute in any way to his/her injuries or death? (Please refer to contribution list below)

☐ yes ☐ no ☐ unknown. If yes explain:

- Use of obscene/fighting words or threatening gestures,
- Poor judgment because the victim consumed alcohol or other drugs,
- Victim failed to retreat or withdraw from a situation where an option to do so was readily available,
- Victim was assisting, attempting to commit, or committing a criminal act at the time of the injury,
- The defendant was provoked by the victim in a manner where bodily harm appeared likely,
- Victim knowingly and willingly entered a vehicle operated by a person under the influence of alcohol or a controlled substance.
- Victim challenges or is challenged to fight and accepts the challenge - mutual combatant situation,
- Victim violated probation and/or parole conditions.
- Victim continues to provoke the defendant escalating the situation (road rage).

3. Was victim cooperative with your agency in the investigation and prosecution of this crime?

☐ yes ☐ no ☐ unknown. If no, explain what was requested of the victim:

4. Comments:

In order to verify the facts of this incident, the division requires a copy of the investigation report and any other supplemental reports of this case. If someone other than the responding or investigative officer completes this form, please have a Certified Peace Officer verify the information on the form and sign below.

Please Print Name: _____ Title: _____

Signature: _____ Date: _____

Law Enforcement Name: _____ Phone No. & Ext.: _____